

Name
in
Full

CERTIFICATE OF DEATH

Harry Butter Jr

TO BE ANSWERED BY
NEAREST FRIEND

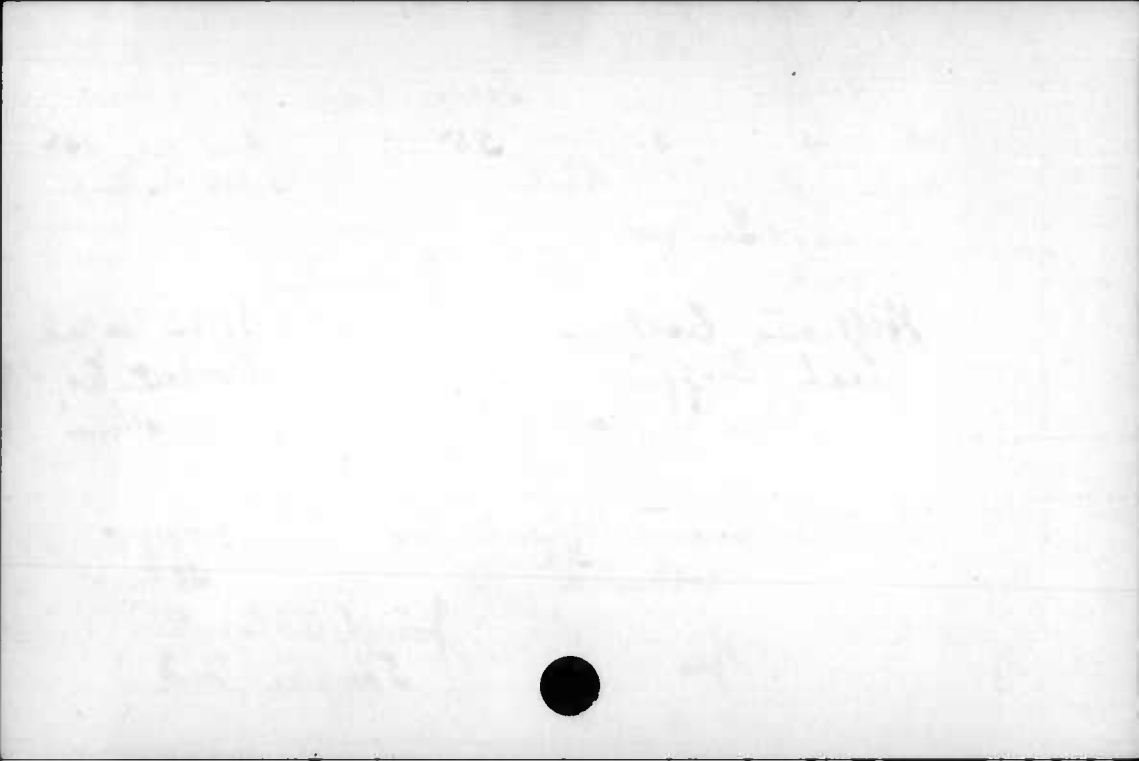
Died at		Town <i>St Michaels</i>		County <i>Talbot</i>		MARYLAND	
Date of death		1908	Month <i>May</i>	Day <i>12</i>	Age —	Years —	Months <i>7</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>St. Michaels</i>			
Occupation <i>Infant</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Harry Butter</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Carrie Gross</i>		Mother's Birthplace <i>Talbot Co</i>					
Name of person giving In formation <i>Harry Butter</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Ileo colitis</i>	How long <i>six days</i>
Immediate	<i>Cardiac Failure</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>		Signature of Physician <i>J. Stoper</i>
		Address <i>St Michaels</i>
Accident or Suicide? <i>No</i>		<i>MD</i>



Name
in
Full

William Collins.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pappe		County Talbot Co -		MARYLAND	
Date of death	1908	Month 5	Day 3	Age 55	Years 4	Months 13	Days 13
Sex	Male		Color or Race	White		Birth- place	Talbot Co Md
Occupation	Farmer & Lawyer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Ellen E Martin.			
Father's Name	William Collins				Father's Birthplace	Talbot Co Md	
Mother's Maiden Name	Leah Buffin				Mother's Birthplace	Dorchester Co "	
Name of person giving Information	Chas M Collins				How related to deceased	Brother	

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	Acute Suppurative Appendicitis		How long	9 days -
Immediate	Asthemia.		How long	45 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Joseph A. Ross Jr		
		Address Pappe Md		
Accident or Suicide?				



Name
in
Full

Kennard Buff

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Trappe ^{Town} Talbot ^{County}

Date of death 1908 ^{Month} May ^{Day} 19 ^{Years} Age 72 ^{Months} —

Sex Male Color or Race Black Birth-place Talbot Co.

Occupation none Where Residing if not at place of death ☒

Married, ~~Single~~ or Widowed Name of Wife or Husband Mary Buff

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information John De Guichy How related to deceased Supt. County

CAUSES OF DEATH

Primary Chronic Nephritis 120 How long 2 or 3 years

Immediate Anemia Exhaustion How long Several weeks

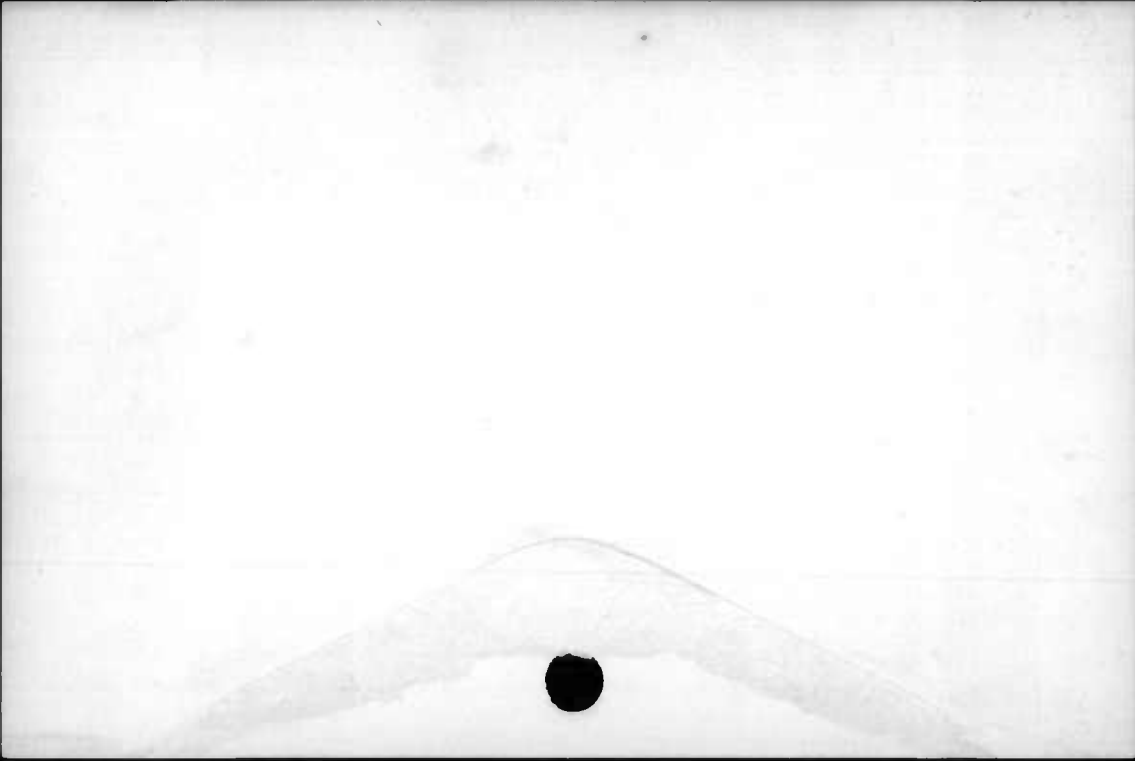
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm S. Seymour

Address Trappe Md.

Accident or Suicide? no

PHYSICIAN
OR CORONER



Name
in
Full

Isaac D. Shea

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

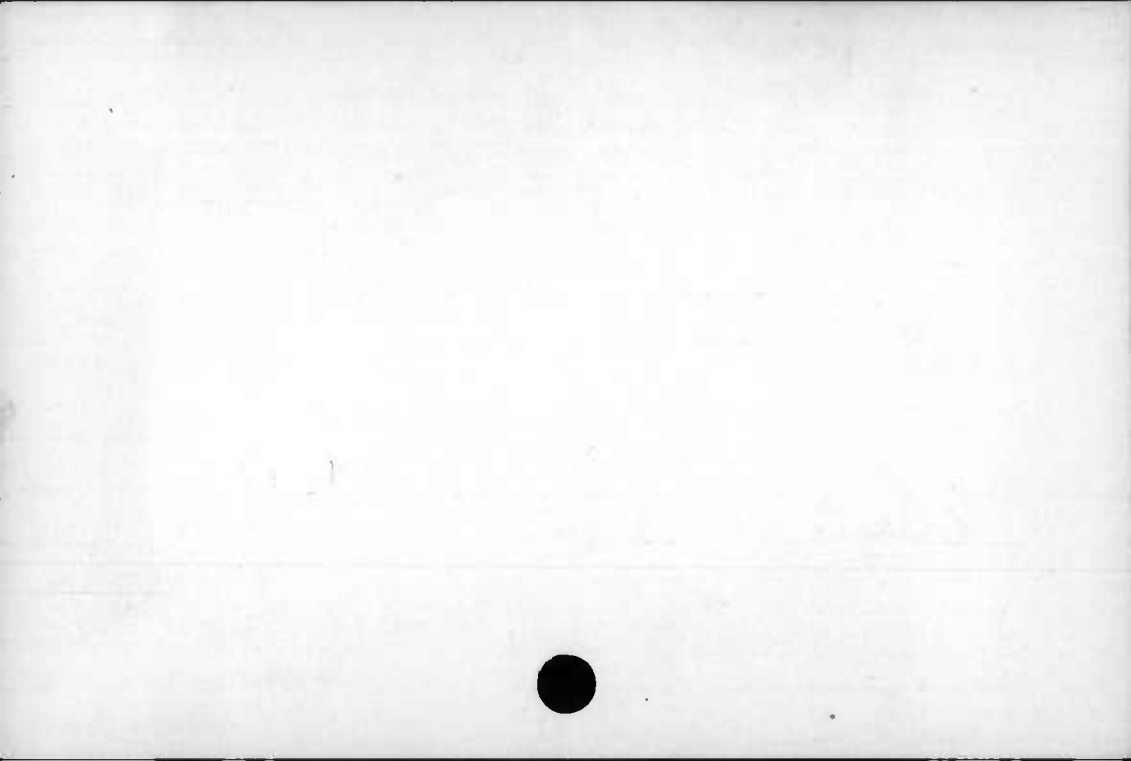
Died at <u>Looffville</u> ^{Town}		<u>Talbot</u> ^{County}			
Date of death	<u>1908</u> ^{Month}	<u>May</u> ^{Day}	<u>5</u> ^{Years}	<u>41</u> ^{Months}	<u>X</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Talbot</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed	Name of Wife or Husband <u>Mahmuda D. Shea</u>				
Father's Name	<u>Salomon D. Sieck</u>			Father's Birthplace	<u>Talbot</u>
Mother's Maiden Name	<u>X Unknown</u>			Mother's Birthplace	<u>Talbot</u>
Name of person giving information	<u>John D. Shea Jr.</u>			How related to deceased	<u>nephew</u>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<u>Acute Indigestion</u>	How long	<u>One hour</u>
Immediate	<u>Heart failure</u>	How long	<u>10 min.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>P. O. Wellman M.D.</u>	
		Address <u>Easton Md.</u>	
Accident or Suicide? <u></u>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Easton* ^{Town}County *Talbot*Date of death *1908*Month *5*Day *9*

Age

Years *43*Months *9*Days *6*Sex *Male*

Color or Race

African

Birth-place

Oxford

Occupation

laborer

Where Residing if not at place of death

*Oxford Md*Married, ~~Single~~
or ~~Widowed~~Name of Wife or ~~Husband~~*Matilda Brown*

Father's Name

John W. Brown

Father's Birthplace

Talbot Co

Mother's Maiden Name

Unobtainable

Mother's Birthplace

Unobtainable

Name of person giving information

Andrew Brown

How related to deceased

Son

CAUSES OF DEATH

119

Primary

Acute Nephritis

How long

8 weeks

Immediate

Uremia

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

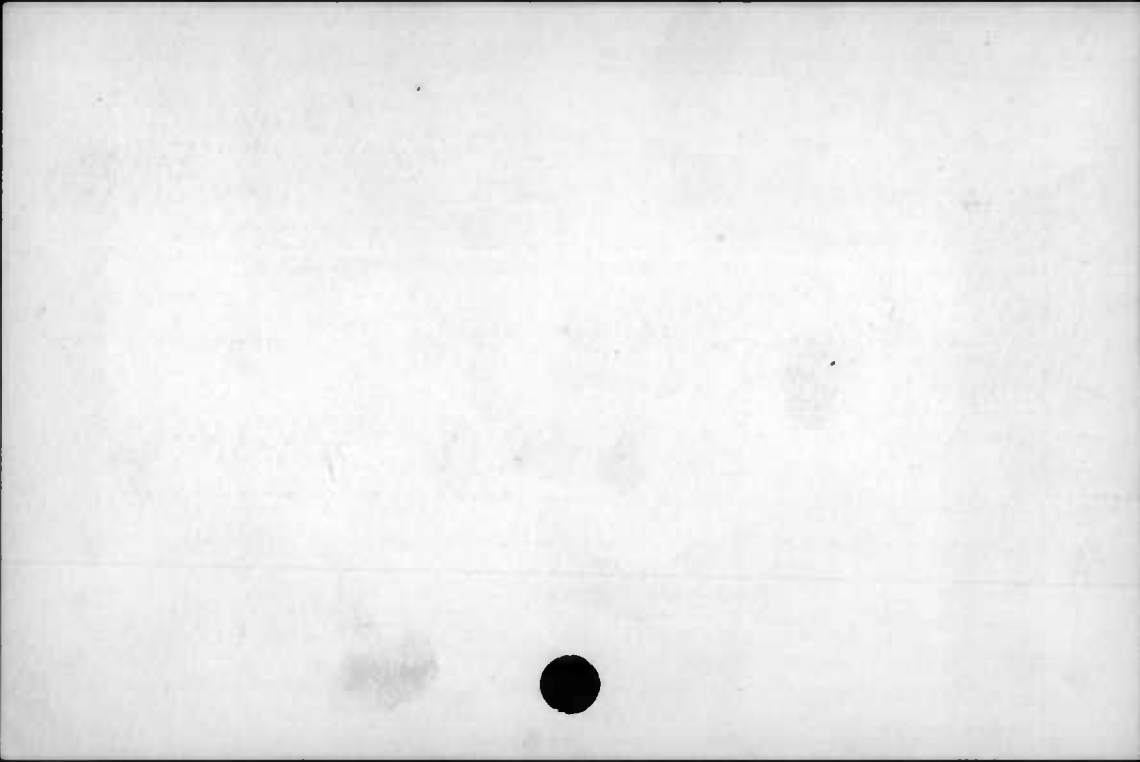
Signature of Physician

Wm A Davis M D

Address

*Oxford**Maryland*

Accident or Suicide?



Name
in
Full

William Ludell Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

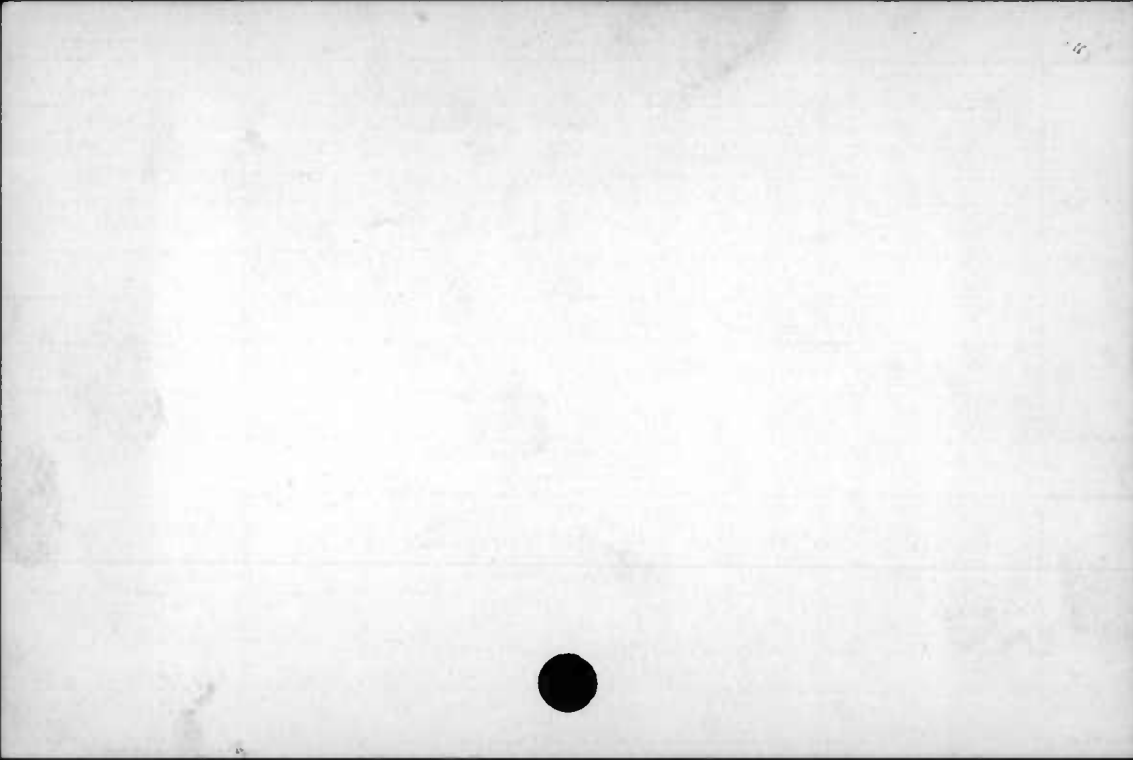
Died at <i>Pepper</i> Town		<i>Salbo</i> County			
Date of death	1908	Month	5	Day	12
		Age	18	Years	
		Months	4	Days	15
Sex	Male	Color or Race	Negro	Birth-place	Salbo Co Md
Occupation	School-try-	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William Fisher	Father's Birthplace			
Mother's Maiden Name	Mollie. Haines.	Mother's Birthplace			
Name of person giving information	Wm Fisher	How related to deceased			
		Father.			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	14 years 11 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph A. Ross Md
		Address	Pepper Salbo Co Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

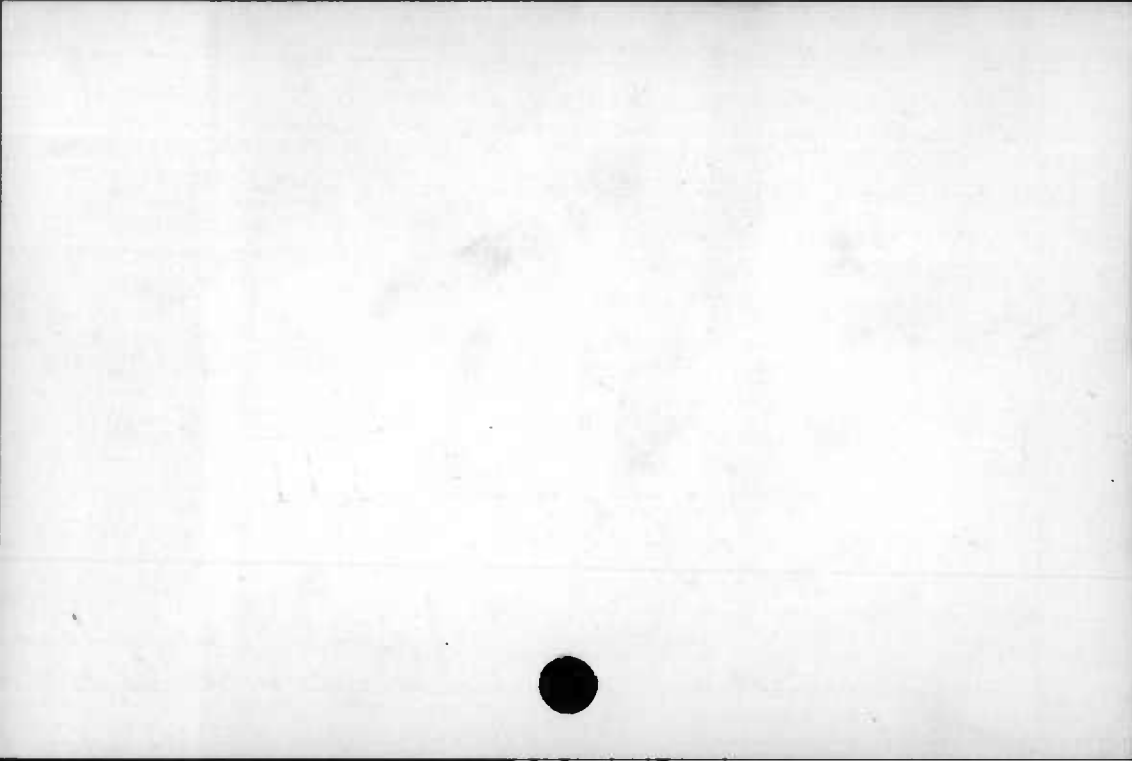
Name in Full Ella Hae		Died at Near Chapel ^{Town}		Falbot ^{County}		MARYLAND	
Date of death 1908 ^{Month} May ^{Day} 21 ^{Age} 40 ^{Years}				— ^{Months}		— ^{Days}	
Sex Female		Color or Race Black		Birth-place Falbot		Q	
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife ^{Husband} Thomas Hae					
Father's Name Don't know		Father's Birthplace Unknown					
Mother's Maiden Name " "		Mother's Birthplace Unknown					
Name of person giving information Fred Hubbard		How related to deceased None					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Acute Degeneration	How long 6 mos.
Immediate Heart Expansion	How long 3 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Robt. H. Kay, M.D.
	Address Boston, Ind.
Accident or Suicide? no	



Name
In
Full

Frank Thomas Harden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

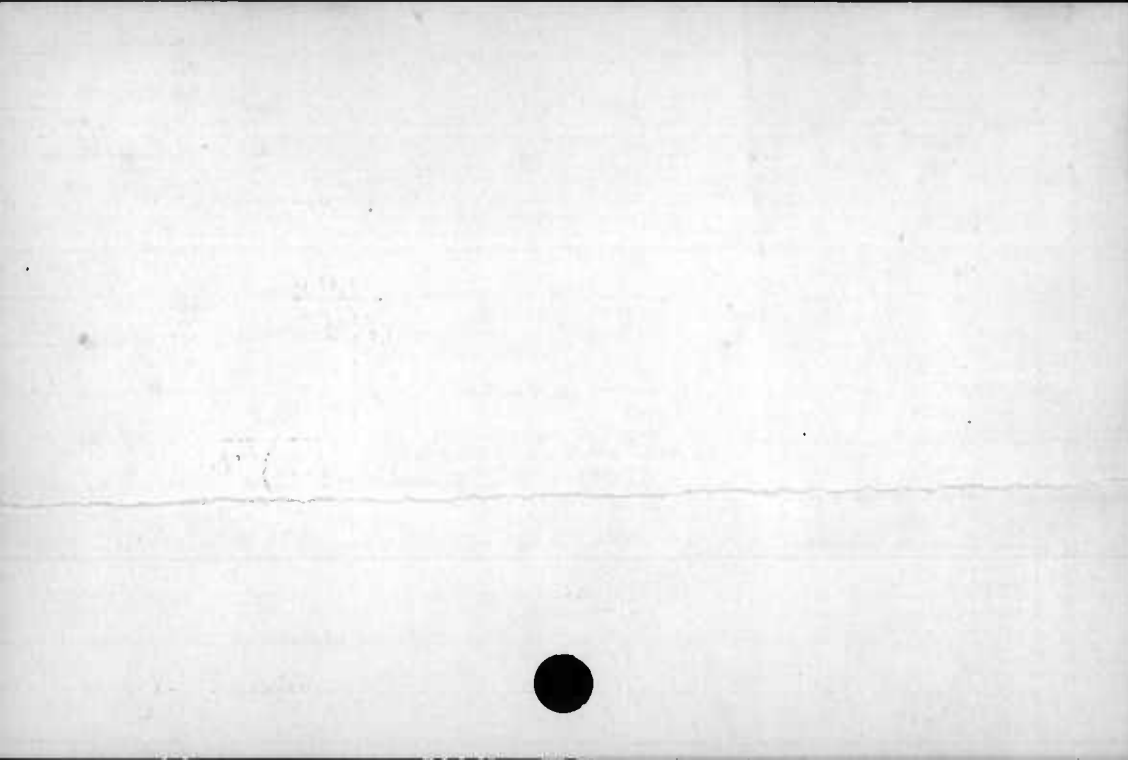
Died near ^{Town} <i>Trappe</i>		^{County} <i>Talbot</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>5</i>	Day	<i>1</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Years	<i>52</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death		Months	<i>3</i>
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Ann. Mc Neal</i>		Days	<i>20</i>
Father's Name <i>Thomas Monroe Harden</i>		Father's Birthplace <i>Talbot Co. Md</i>			
Mother's Maiden Name <i>Mary Matilda Lord</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Susan Ann Harden</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	<i>Purpuric Angina</i>	How long	<i>4 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>1 minute</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Joseph A. Ross M.D.</i>	
		Address	
		<i>Trappe Talbot Co. Md</i>	
<i>Accident or Suicide?</i>			



Name
in
Full

Susau A. Harrison

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bozmane

Talbot

Date

Month

Day

Years

Months

Days

of death 1908

May

14

Age

64

Sex

Female

Color or
Race

White

Birth-
place

Bozmane. Md

Occupation

House-works

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

William J. Harrison Sr.

Father's
Name

Philemon J. Harrison

Father's
Birthplace

Talbot Co. Md

Mother's
Maiden Name

Susau Harrison

Mother's
Birthplace

Talbot Co. Md

Name of person giving
Information

P. J. Harrison

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Organic Heart Disease & Chorea, Phthisis

How long

Probably years

Immediate

Heart Asthenia

How long

One month

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

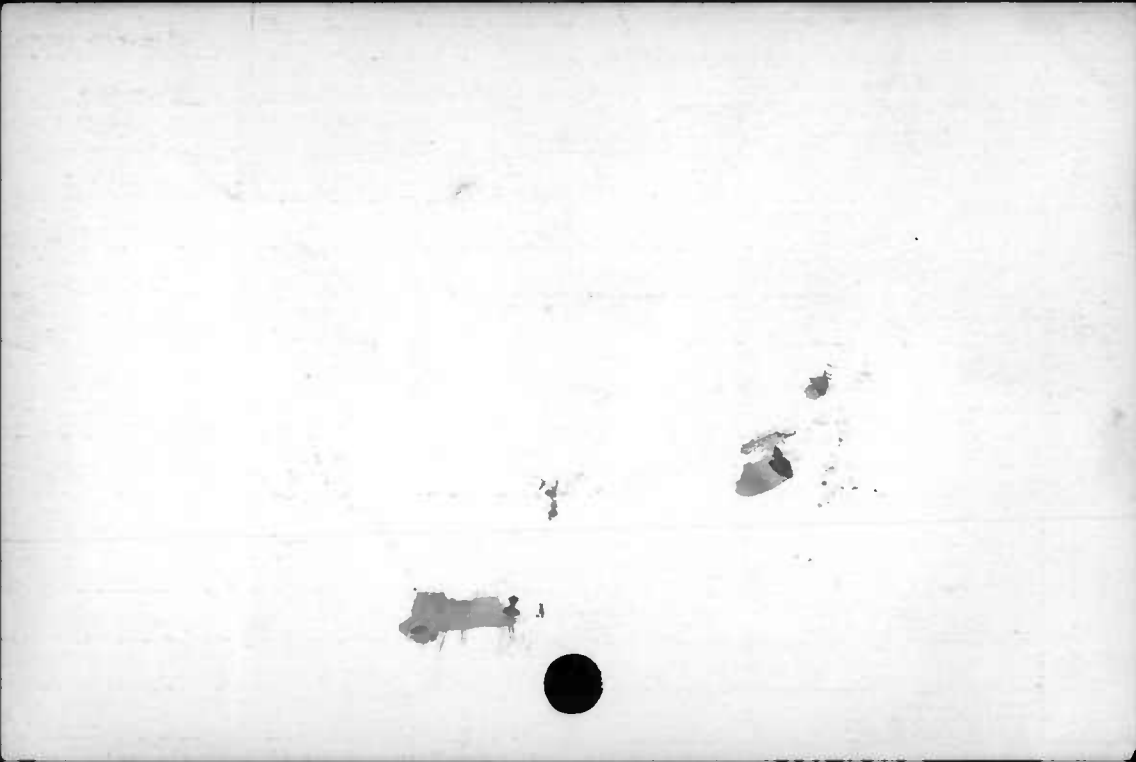
A. B. Blaseock

Address

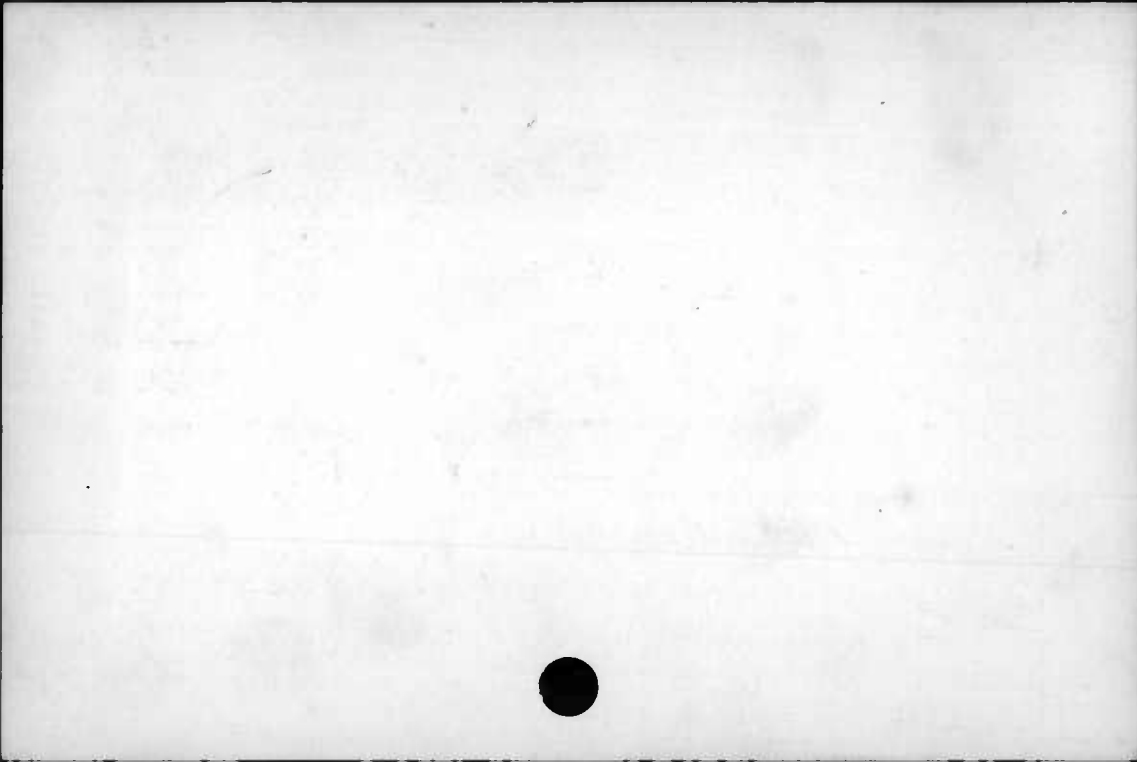
St. Michaels Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Offora.		Tabor.		MARYLAND						
	Date of death		1908	Month	5	Day	8	Age	Years	Months	2	Days	0
	Sex		Male.		Color or Race		Colored.		Birth-place		Offora Md.		
	Occupation					Where Residing if not at place of death							
	Married, Single or Widowed					Name of Wife or Husband							
	Father's Name					Father's Birthplace							
PHYSICIAN OR CORONER	Mother's Maiden Name					Mother's Birthplace							
	Name of person giving information					How related to deceased							
	CAUSES OF DEATH												
	Primary					How long							
Immediate					How long								
Are the name, age, sex, color, date and place correctly given above?					Signature of Physician								
					Address								
Accident or Suicide?													



Name
in
Full

Eliza beth Rebecca Honey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Tilghman* Town *Salhat* County
 Date of death *1908* Month *May* Day *15* Age *—* Years *—* Months *—* Days *17*
 Sex *Female* Color or Race *Black* Birth-place *Tilghman*
 Occupation *—* Where Residing if not at place of death *"*

Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name*Charles Honey*Father's
Birthplace*Hyattman*Mother's
Maiden Name*Elizabeth Trimble*Mother's
Birthplace*Pomona Ind*Name of person giving
Information*Chas. Honey*How related
to deceased*Father*

CAUSES OF DEATH

151

Primary

Jaundice

How long

a week

Immediate

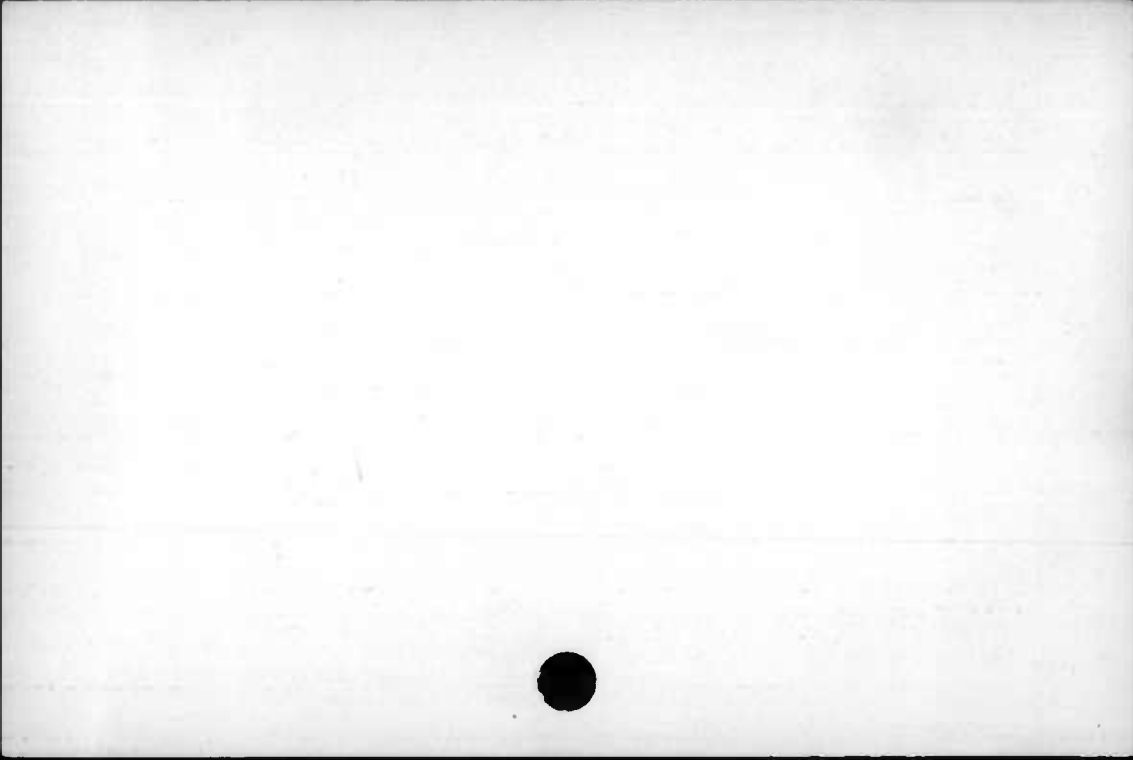
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*S. K. Wilson**Tilghman Ind*

Accident or Suicide?

no.



Name
in
Full

Leonard McKinley Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Chapel* TownCounty *Talbot*Date of death *1908* Month *May*Day *8*Age *1* YearsMonths *7*

Days

Sex *Male*Color or Race *Black*Birth-place *Maryland*

Occupation

Where Residing if not at place of death *Chapel*Married, Single or Widowed *Single*Name of Wife or Husband *X*Father's Name *Jacob Johnson*Father's Birthplace *Ida*Mother's Maiden Name *Blance Gordon*Mother's Birthplace *"*Name of person giving information *Blance Gordon*How related to deceased *mother*

CAUSES OF DEATH

175

Primary *Poison from matches*How long *1 1/2 hours*Immediate *" " "*How long *" "*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Lehas H. Rose**Cordova.*Accident or Suicide? *Accident*

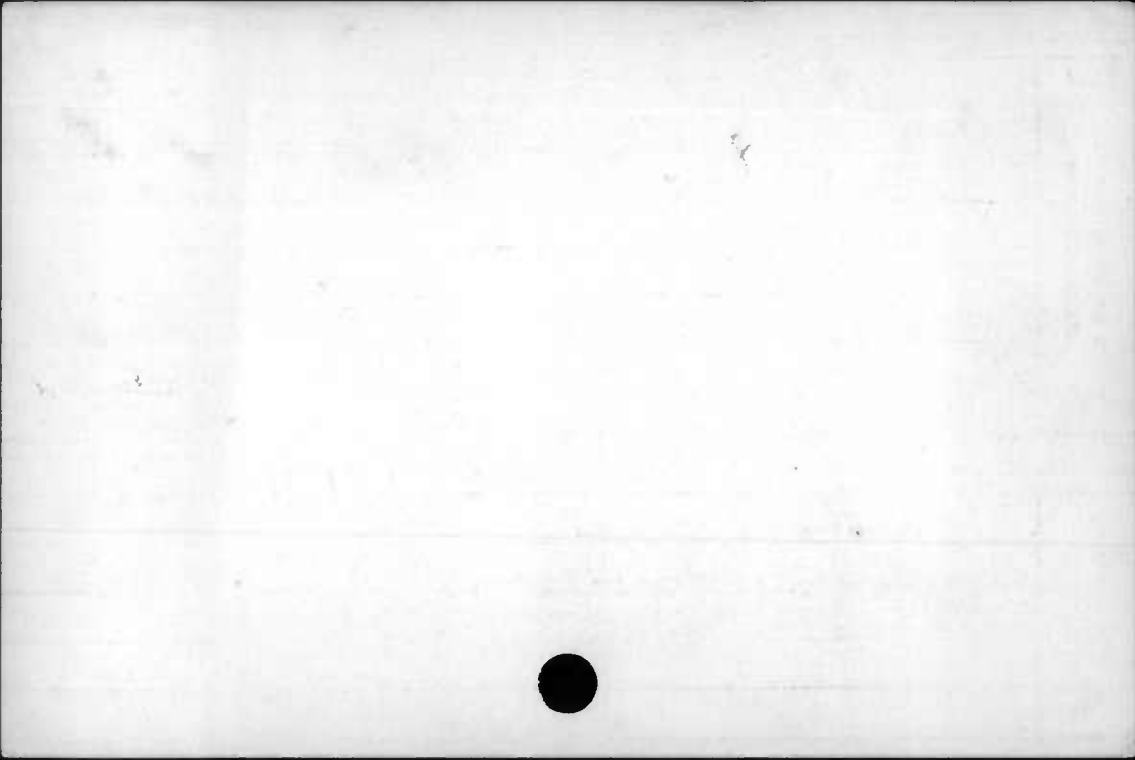


Name in Full		Mary Emily Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Sherwood	County Talbot	MARYLAND		
		Date of death		1908	Month May	Day 2nd	Age 44	Months -
		Sex		Female		Color or Race	Black	
		Occupation		Housewife		Birth-place	Fittman Md	
				Where Residing if not at place of death		Sherwood Md		
		Married, Single or Widowed		Married		Name of Wife or Husband Robert Johnson		
		Father's Name		Alexander Brooks			Father's Birthplace St. Michaels	
Mother's Maiden Name		Peggy Grace			Mother's Birthplace Sherwood Md			
Name of person giving information		Robert Johnson			How related to deceased Husband			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
						Address		
		Accident or Suicide?						

93

Six days

J. Kennedy Nelson
Fittman Md



Name
in
Full

Mrs Emilia A Lister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death		Month May	Day 5	Age 79	Years Y	Months Y	Days 1
Sex	Female		Color or Race	White		Birth-place	Caroline Co
Occupation	Housewife		Where Residing if not at place of death		A		
Married, Single or Widowed	Single		Name of Wife or Husband		Thomas Lister		
Father's Name	John Ballinor		Father's Birthplace		Caroline Co		
Mother's Maiden Name	Annie Lister		Mother's Birthplace		Caroline Co Md		
Name of person giving information	R A Lister		How related to deceased		Son		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute Indigestion & old age		How long	10 hours
Immediate	Heart exhaustion		How long	30 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Robt Cass Coth M.D.	
			Address Easton Md.	
Accident or Suicide?		no		



Name
in
Full

Joseph Madden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Easton ^{Town} Talbot ^{County}

Date of death 1908 ^{Month} May ^{Day} 24 ^{Years} 64 ^{Months} X ^{Days} X

Sex Male Color or Race Black Birth-place Talbot

Occupation Labrer Where Residing if not at place of death X

Married, Single or Widowed Married Name of Wife or Husband Margaret Madden

Father's Name Isaac Madden Father's Birthplace Talbot

Mother's Maiden Name X Unknown Mother's Birthplace Unknown

Name of person giving information Mattie Spruigon How related to deceased Niece

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Acute degeneration How long 3 months

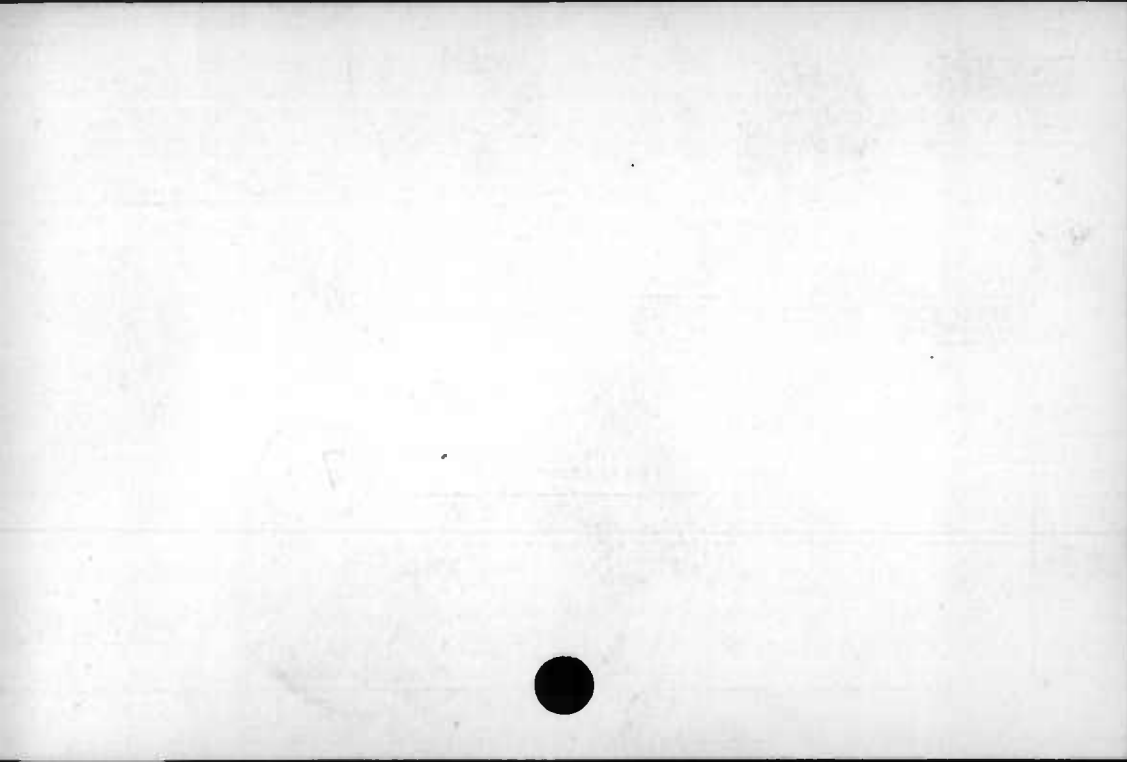
Immediate Paralysis How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Robt Ray Scott

Address Easton, Md.

Accident or Suicide? No.



Name
in
Full

Alberta Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Chapel ^{County} Talbot

MARYLAND

Date of death 1908 ^{Month} May ^{Day} 28th ^{Age} 9 ^{Years} ^{Months} ^{Days}

Sex Female Color or Race Black Birth-place Talbot Co

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

John Mitchell

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Katie Chase

Mother's
Birthplace

Co

Name of person giving
In formation

John W Chase

How related
to deceased

Grandfather

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

4 months

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Robt H Ray, M.D.

Address

Easton, Md.

Accident or Suicide?

no.

Bury at New Chapel

Name
in
Full

Garrison Moore.

CERTIFICATE OF DEATH

Died at *Rich Neck.* TownCounty *Talbot*

MARYLAND

Date
of death *1908*Month *May*Day *18.*Age *72* YearsMonths *—*Days *—*Sex *Male.*Color or
Race*Negro*Birth-
place*Talbot Co Md*

Occupation

*Laborer.*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Not Known*Father's
Name*Garrison Moore.*Father's
Birthplace*Talbot Co*Mother's
Maiden Name*Not Known*Mother's
Birthplace*Talbot Co.*Name of person giving
In formation*W. J. Moore.*How related
to deceased*Son.*

CAUSES OF DEATH

90

Primary

Acute Bronchitis

How long

8 or 10 days

Immediate

Aschemia

How long

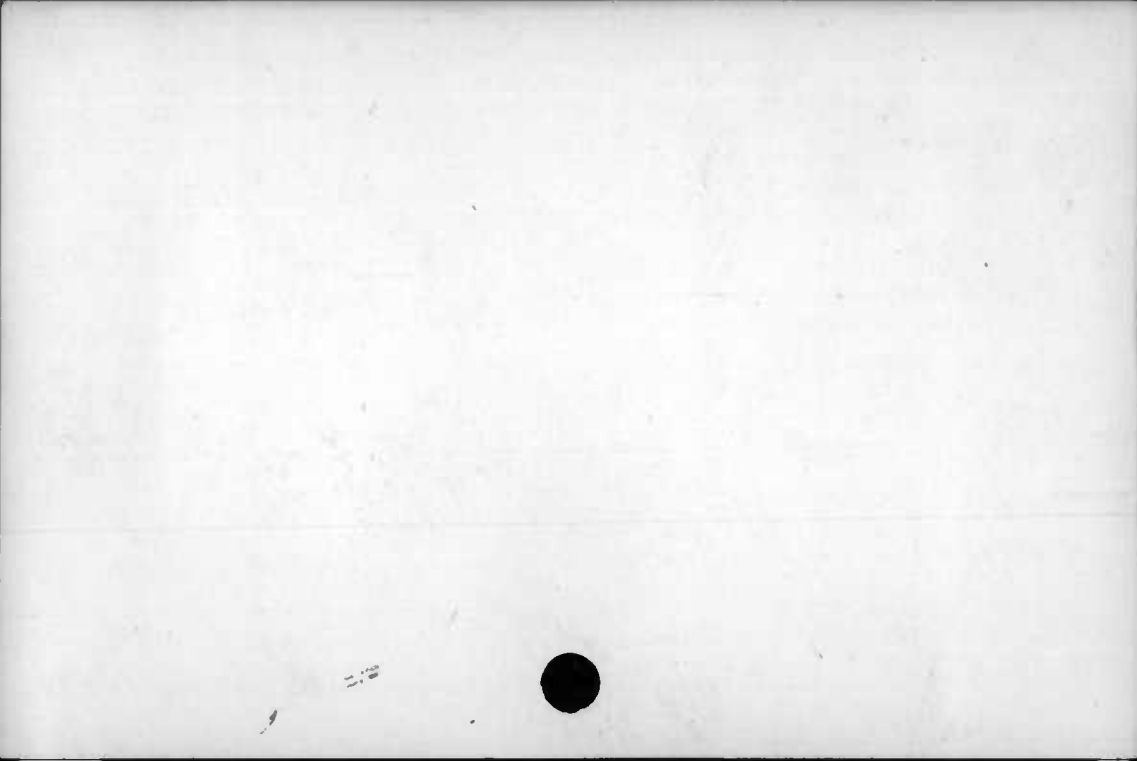
*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

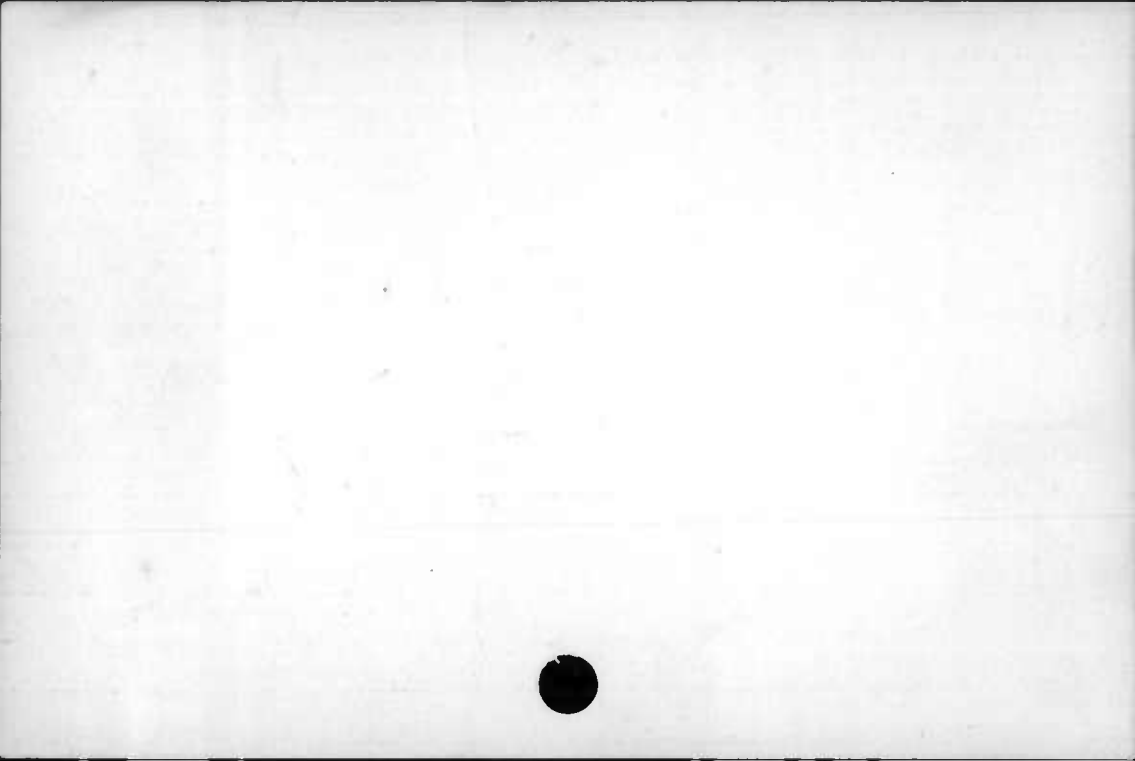
*Samuel E. Ingham**Royal Oak Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Henry F. Neuman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Duyltown</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
		Date of death <u>1908</u> <small>Month</small> <u>5</u> <small>Day</small> <u>5</u> <small>Age</small> <u>56</u> <small>Years</small> <u>9</u> <small>Months</small> <u>20</u> <small>Days</small>					
		Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Duyltown</u>	
		Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Duyltown</u>			
		Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Louise Neuman</u>			
		Father's Name <u>Henry R. Neuman</u>		Father's Birthplace <u>Duyltown</u>			
		Mother's Maiden Name <u>Anna Cooper</u>		Mother's Birthplace <u>Duyltown</u>			
		Name of person giving information <u>R. L. Wilson</u>		How related to deceased <u>Cousin</u>			
		CAUSES OF DEATH				(119)	
PHYSICIAN OR CORONER		Primary <u>Acute Brights Disease</u>		How long <u>3 wks</u>			
		Immediate <u>Convulsions</u>		How long <u>1 day</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Chas F. Davidson</u>			
				Address <u>Easton Md</u>			
		<u>Accident or Suicide</u>					



Name
in
Full

Thomas Parrott

CERTIFICATE OF DEATH

Died at ^{Town} Cordova^{County} Talbot

MARYLAND

Date

of death

1908 May

Day

24

Age

Years 48

Months

9.

Days

24

Sex

Male

Color or
Race

White

Birth-
place

Chapel-Dio

Occupation

Farmer

Where Residing if not
at place of death

Cordova

Married, Single
or Widowed

Married

Name of Wife or
Husband

Huldah W. Butler

Father's
Name

Geo. W. Parrott

Father's
Birthplace

Chapel Dio

Mother's
Maiden Name

Sabbie Smith

Mother's
Birthplace

Chapel Dio

Name of person giving
information

Wm. C. Parrott

How related
to deceased

Brother

CAUSES OF DEATH

159

Primary

Gun. Shot Wound of Thorax

How long

Death Immediate

Immediate

Penetrating heart & left lung

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. M. Stille M.D.

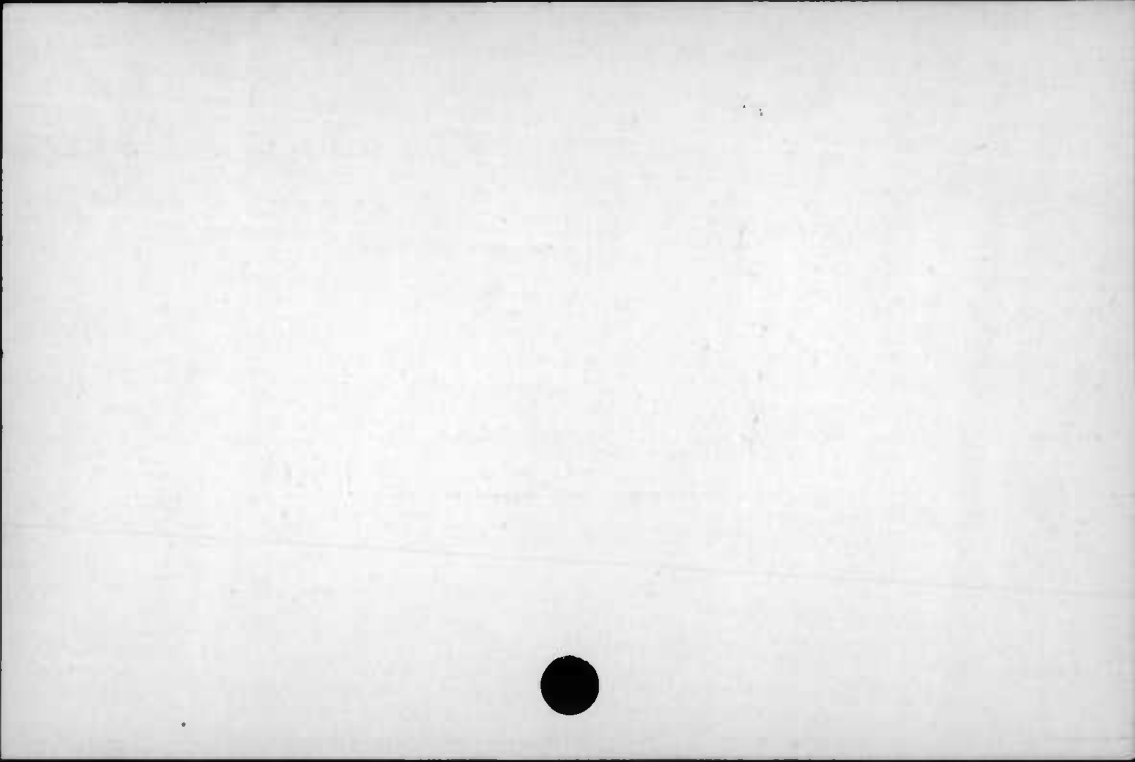
Address

Cordova

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John M. Pindar

CERTIFICATE OF DEATH

Town

County

Died at near Easton

Talbot

MARYLAND

Date

1908

Month

May

Day

28

Age

Years

0

Months

8

Days

17

Sex

male

Color or
Race

African

Birth-
place

Talbot Co. Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of ~~Wife or~~
HusbandFather's
Name

Thos. E. Pindar

Father's
Birthplace

Talbot Co. Md.

Mother's
Maiden Name

Sarah Gibson

Mother's
Birthplace

Talbot Co. Md.

Name of person giving
In formation

Sarah Gibson

How related
to deceased

Mother

CAUSES OF DEATH

105

Primary

Enteritis (catarrhal)

How long

One mo.

Immediate

Acute in digestion

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

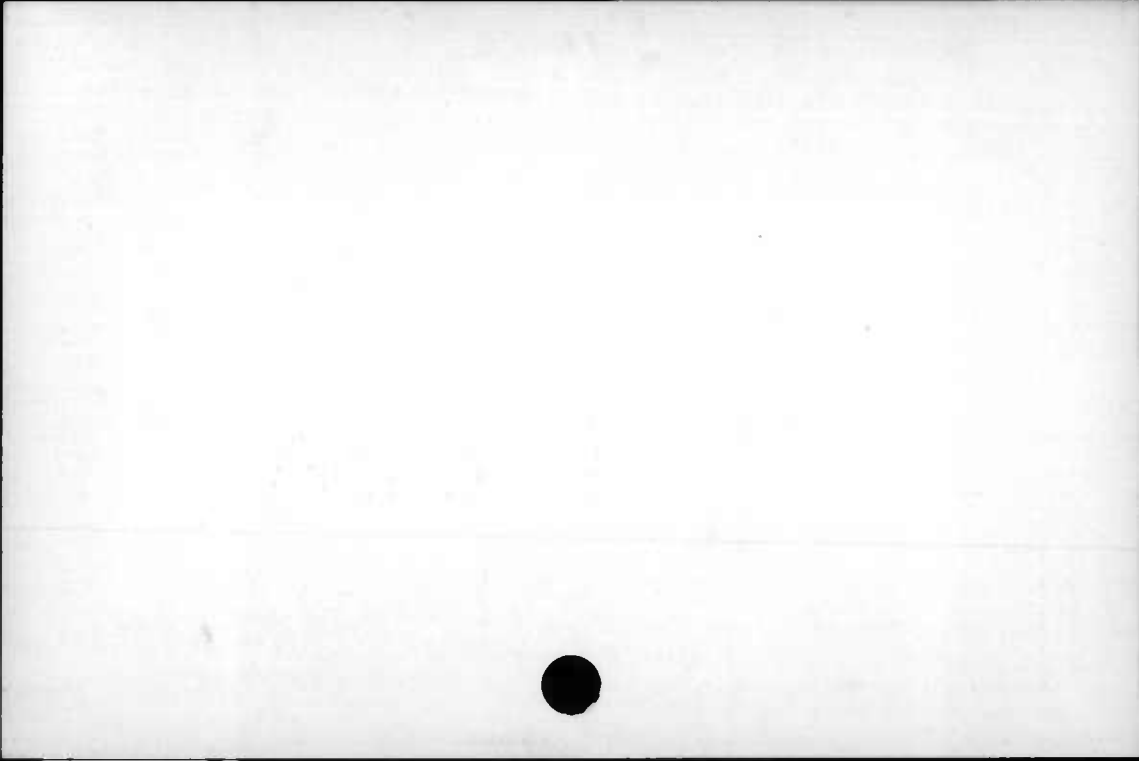
D. Henry Wellson

Address

Easton, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Anna May Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mathurs ^{County} Sal. Co.

Date of death 1908 ^{Month} May ^{Day} 8 ^{Age} ^{Years} X ^{Months} X ^{Days} 7

Sex Female ^{Color or Race} Black ^{Birth-place} Mathurs

Occupation X ^{Where Residing if not at place of death} "

Married, Single or Widowed Single ^{Name of Wife or Husband} X

Father's Name Chas. Henry Powell ^{Father's Birthplace} Md

Mother's Maiden Name Ida Demby ^{Mother's Birthplace} "

Name of person giving information Chas. Henry Powell ^{How related to deceased} Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature delivery ^{How long} 7 days

Immediate " " ^{How long} "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. H. Rose

Address Cordova.

Accident or Suicide? X



Name
in
Full

Matilda M. Richard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Easton^{County} Talbot

Date of death 1908 May 14

Day 14

Age 33

Months —

Days —

Sex Female

Color or Race White

Birth-place Pennsylvania

Occupation Housewife

Where Residing if not at place of death

Ridgely Md

Married, Single or Widowed Married

Name of Wife or Husband

Arthur J. Richard

Father's Name Paul J. Hoffman

Father's Birthplace Penna

Mother's Maiden Name Matilda Laubach

Mother's Birthplace "

Name of person giving information Arthur J. Richard

How related to deceased Husband

CAUSES OF DEATH

116

Primary Peritonitis

How long Two days

Immediate Erythema

How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. H. Stevens

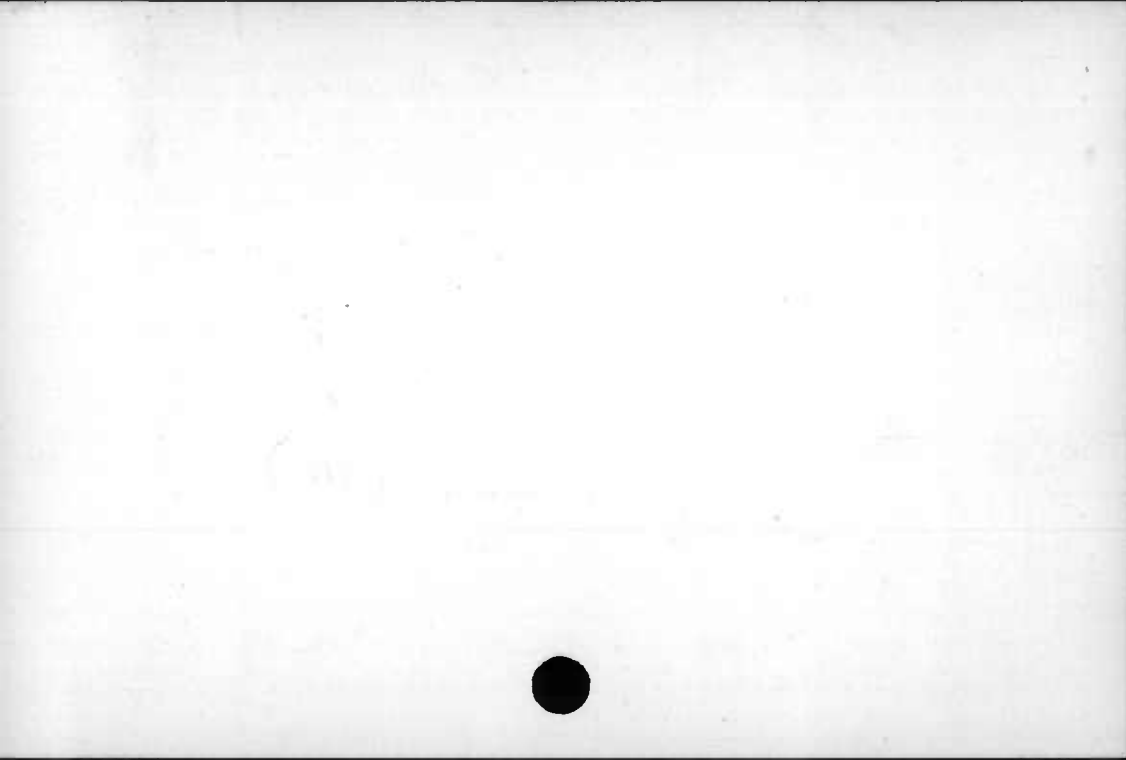
yes

Address Easton

Accident or Suicide? no

Md.

PHYSICIAN
OR CORONER



Name
in Full **C. Edward Roberto**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

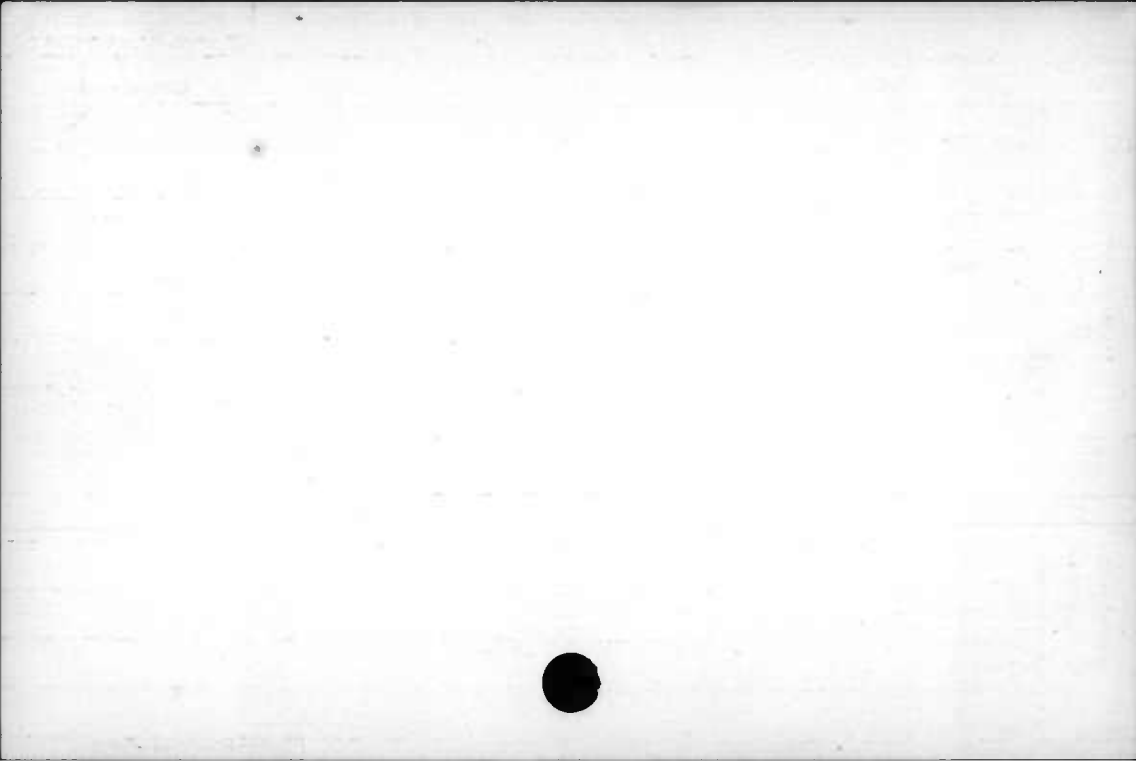
Died at McDaniel ^{Town}		Salbot ^{County}		MARYLAND	
Date of death 1908	Month 5	Day 8	Age 33	Months -	Days 12
Sex Male		Color or Race Black		Birth-place McDaniel Md	
Occupation Watersman		Where Residing if not at place of death L			
Married, Single or Widowed married		Name of Wife or Husband Julia Roberto			
Father's Name Charles H. Roberto		Father's Birthplace McDaniel Md			
Mother's Maiden Name Helen Smith		Mother's Birthplace Salbot Co			
Name of person giving information Isaac. Roberto		How related to deceased Brother			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long about one year
Immediate Heart Asthenia	How long two weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician A. J. Blaseock
	Address St Michael's Md
Accident or Suicide?	



Name
In
Full

Martha Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

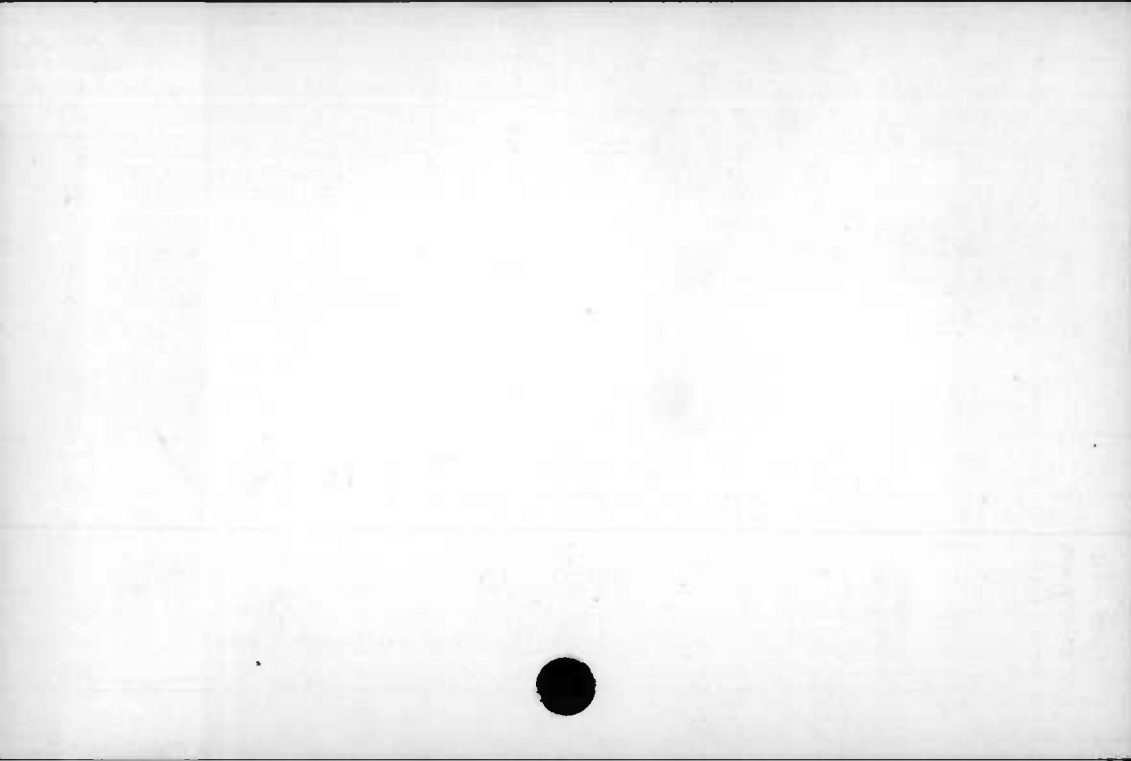
Died at <u>Easton</u> <small>Town</small>		<u>Falbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Year</small>	<u>May</u> <small>Month</small>	<u>22</u> <small>Day</small>	Age <u>10</u> <small>Years</small>	<u>2</u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Falbot</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Harry Roberts</u>		Father's Birthplace <u>Falbot</u>			
Mother's Maiden Name <u>Mary Johnson</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Harry Roberts</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary <u>Perforation of Bowel</u>	How long <u>3 mns</u>
Immediate <u>Peritonitis</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
<u>Y3</u>	Address <u>Easton Md</u>
Accident or Suicide?	



Name
in
Full

Sarah Emma Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

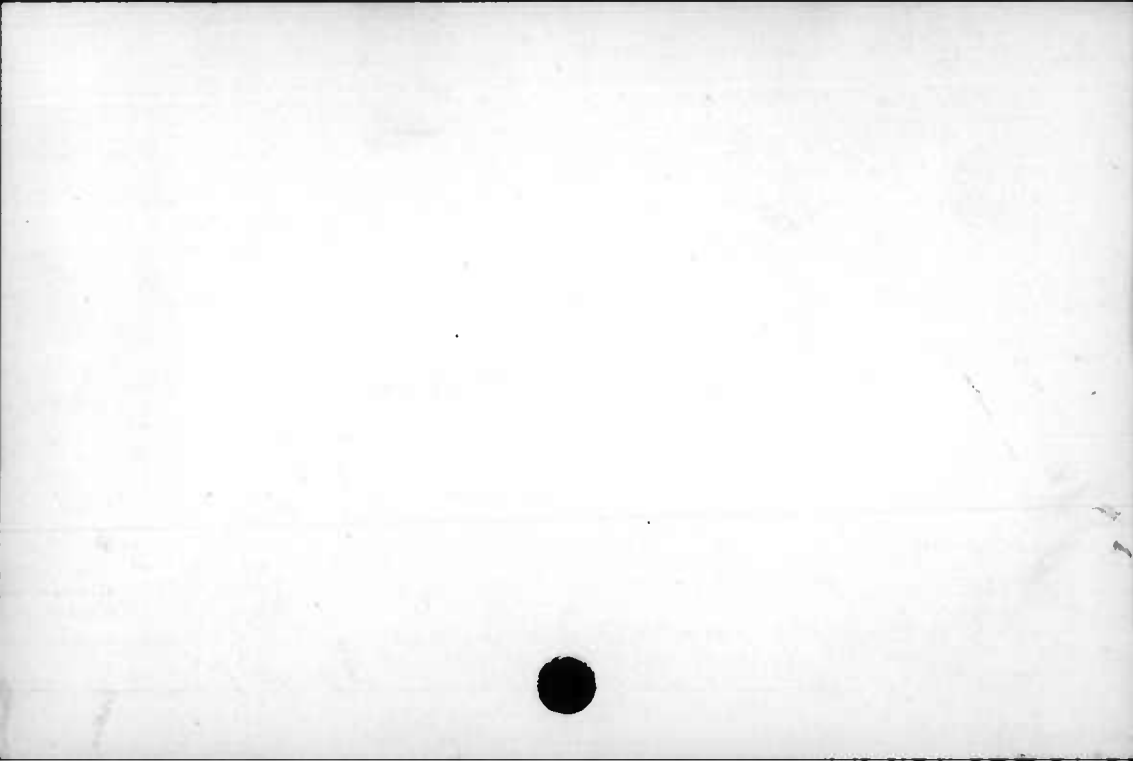
Died at		Town <i>Trappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1908	Month <i>May</i>	Day <i>16</i>	Age <i>7</i>	Years	Months <i>5</i>	Days <i>18</i>
Sex <i>Female</i>	Color Race <i>Negro</i>		Birth- place <i>Trappe</i>				
Occupation —				Where Residing if not at place of death <i>Trappe</i>			
Married, Single or Widowed —			Name of Wife or Husband —				
Father's Name <i>Walter Roberts</i>				Father's Birthplace <i>Trappe</i>			
Mother's Maiden Name <i>Mary Francis Wilson</i>				Mother's Birthplace <i>Trappe</i>			
Name of person giving In formation <i>Walter Roberts</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>10 days</i>
Immediate	<i>Peritonitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Jas. L. McCormick</i>
		Address	<i>Trappe</i>
			<i>Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

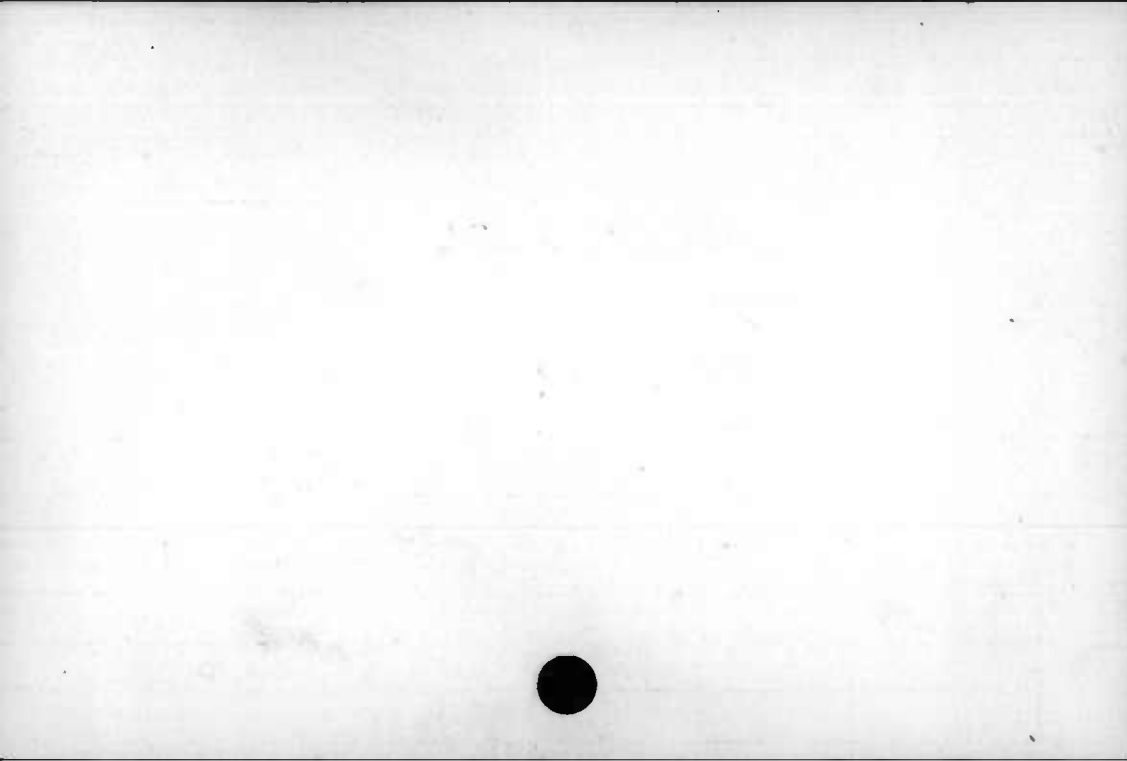
John W. Seemer		Euston		Talbot		Maryland	
Died at		Town		County			
Date of death		1908	May	29	Age	70	Months
Sex		Male		Color or Race		White	
Occupation		Liveman		Where Residing if not at place of death		Euston	
Married, Single or Widowed		Name of Wife or Husband		Victorine S. Seemer			
Father's Name		John W. Seemer		Father's Birthplace			
Mother's Maiden Name		Victorine Henry		Mother's Birthplace			
Name of person giving information		Russell Seemer		How related to deceased			
				Son			

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary	Proton shot in head.	How long	5
Immediate	Hemorrhage	How long	4 p.m. immediate
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Stevens	
Address		Euston	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

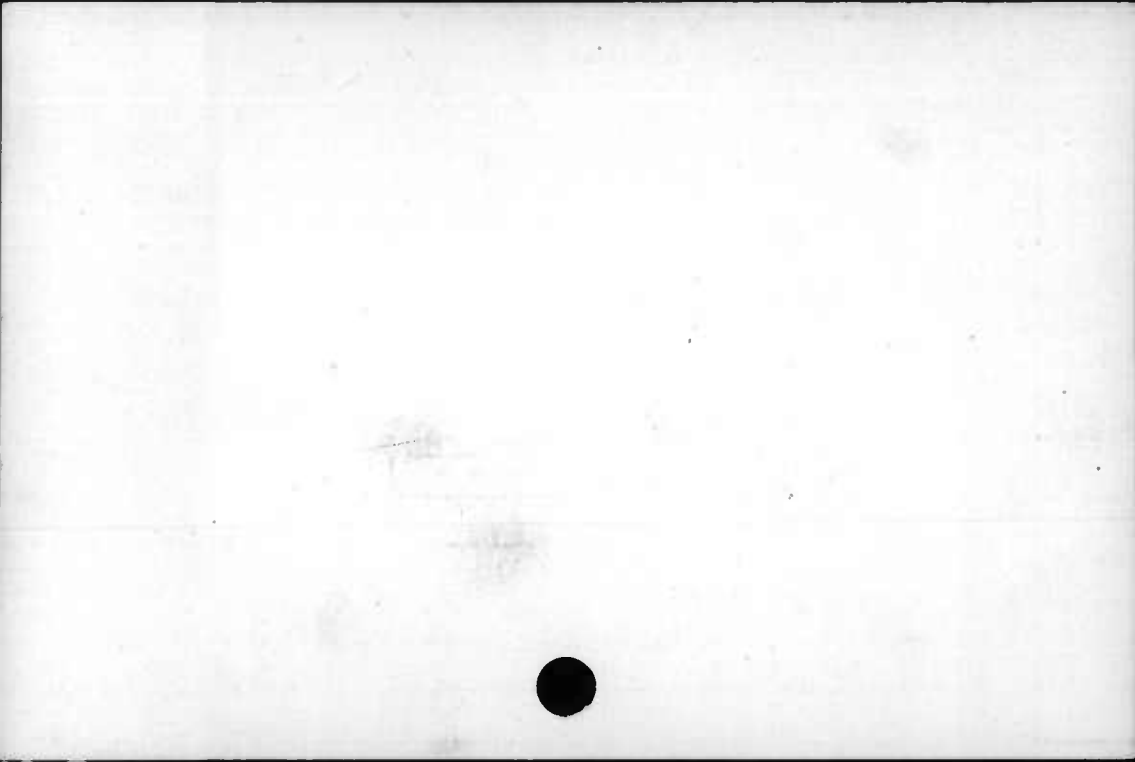
Died at <i>St Michaels</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	1908	Month	May	Day	7
Age	15	Years		Months	1
Sex	Male	Color or Race	Black	Birth-place	Talbot Co
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James Smith			Father's Birthplace	Wicomico Co
Mother's Maiden Name	May Barrs			Mother's Birthplace	Talbot Co
Name of person giving information	James Smith			How related to deceased	Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lung</i>		How long	<i>Six months</i>
Immediate	<i>Respiratory failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<i>J. Stoper M.D.</i>
			Address	<i>St Michaels</i>
Accident or Suicide?	No			<i>Md.</i>



Name
in
Full

Joseph Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

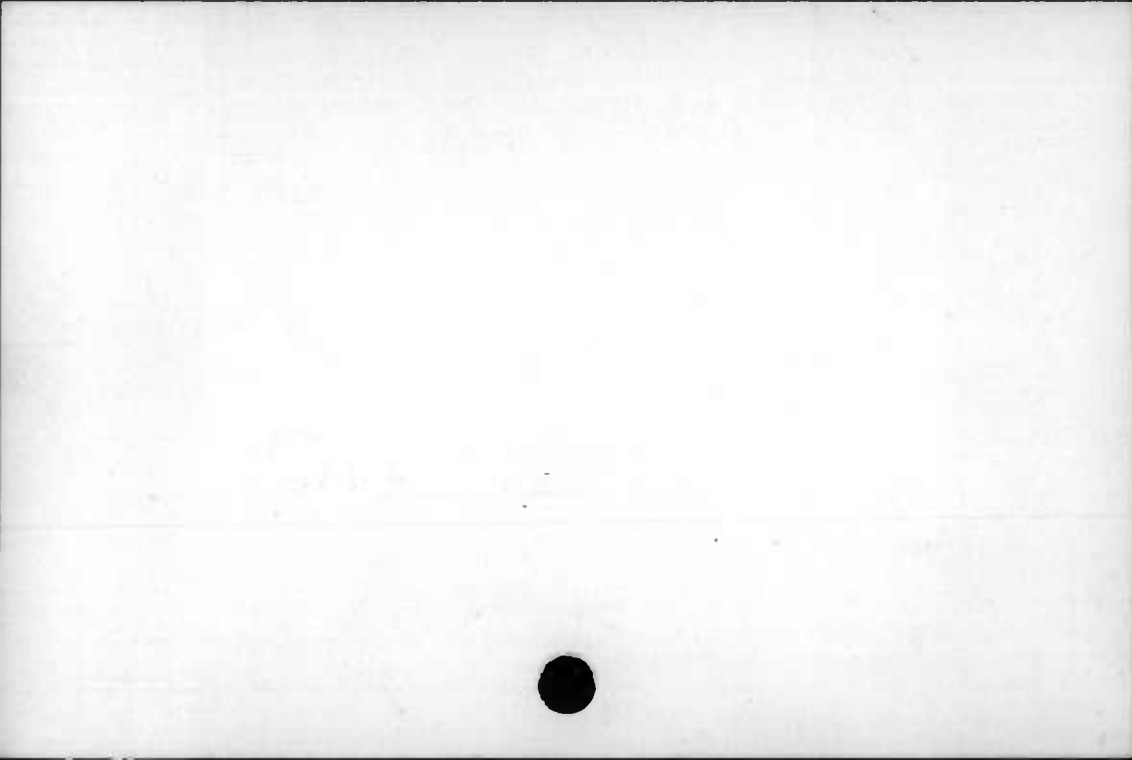
Died at		Town <i>Trappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1908	Month <i>May</i>	Day <i>31</i>	Age <i>65</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth- place <i>Trappe</i>				
Occupation <i>Farm hand</i>			Where Residing if not at place of death <i>Trappe</i>				
Married, Yes or Widow <i>Widow</i>		Name of Wife or Husband <i>Liza Smith</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Wife & Son</i>				How related to deceased			

CAUSES OF DEATH

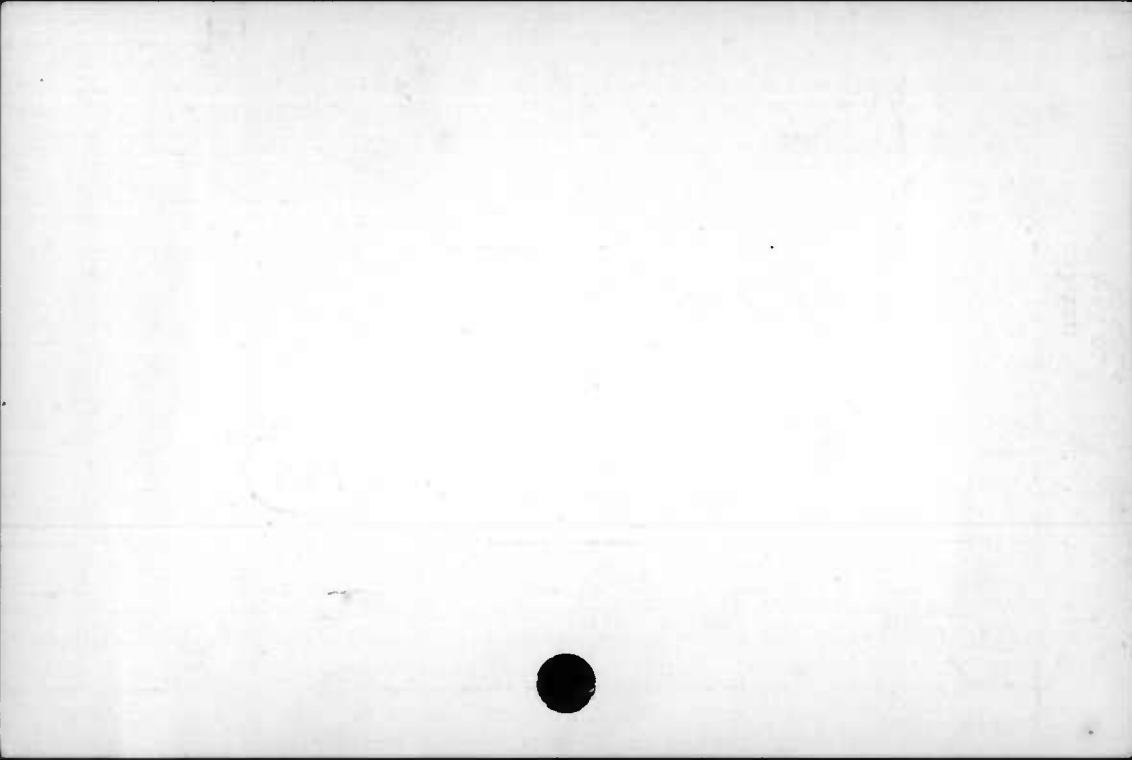
120

PHYSICIAN
OR CORONER

Primary	<i>Bright Disease</i>	How long	<i>Unknown</i>
Immediate	<i>Unknown</i>	How long	<i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jas. L. McCormick</i>	
		Address <i>Trappe</i>	
Accident or Suicide?		<i>md</i>	

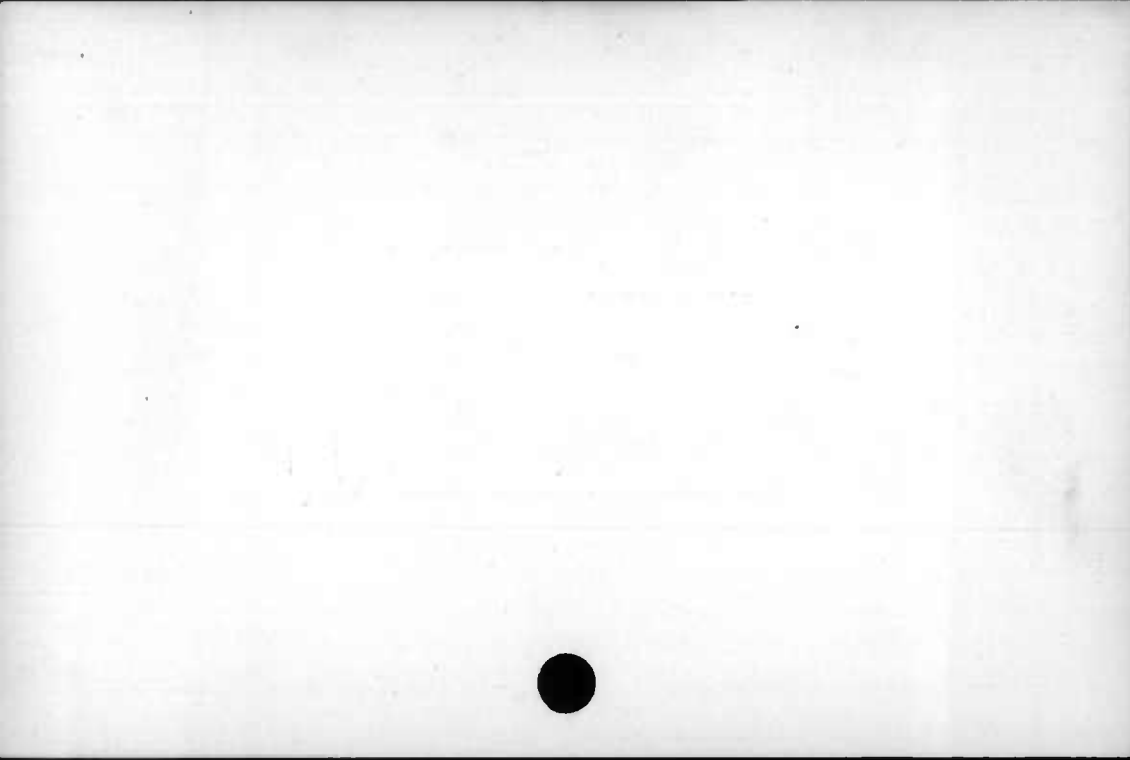


Name in Full		Otto V. Traunek				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fairbank ^{Town}		Dalbott ^{County}		MARYLAND		
	Date of death	1908	May	10	Age	16	Months 11 Days 6	
	Sex	Male		Color or Race	White		Birth-place	N.Y. state
	Occupation	Laborer		Where Residing if not at place of death		Balto - Md		
	Married, Single or Widowed	Single		Name of Wife or Husband		—		
	Father's Name	C. V. Traunek				Father's Birthplace	Unknown	
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Elmer H. Sinclair				How related to deceased	No relation		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 60px; margin: 0 auto; padding: 5px;">155</div>								
PHYSICIAN OR CORONER	Primary	—				How long	Sick one	
	Immediate	—				How long	to two hours	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	E. H. Nelson	
		(Cholic acid)				Address	Dalbott Md	
	Accident or Suicide?	Suicide						



Name in Full		Amos Vincent				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	near Easton		Talbot					
	Date of death		Month	Day	Age	Years	Months	Days
	1908		May	8		0	2	0
	Sex		Color or Race		Birth-place			
	Male		Colored		Talbot co			
	Occupation		Where Residing if not at place of death					
None		X						
Married, Single or Widowed		Name of Wife or Husband						
Single		X						
Father's Name		Father's Birthplace						
Don't know		X						
Mother's Maiden Name		Mother's Birthplace						
Lincy Vincent		Talbot co						
Name of person giving information		How related to deceased						
John Dawson		Not related						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		How long					
	Do not know but the		and did not					
	Immediate		How long					
	Child has not been healthy		seen sick long					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
So far as I can learn		No physician called						
Address		E. R. Zuppe						
This is all I could learn		E. R. Zuppe		Register				
Accident or Suicide								

151



Name in Full

Certificate of Death

Edward Waldron

Town

County

Died at

St Michaels

Talbot

MARYLAND

Date

1908

Month

May

Day

13

Age

Y.

90

M.

-

D.

3

Native of

Baltimore

Occupation

Sailor

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Sarah Shryock

154

Mother's

Name

not known

Cause of

Primary

Infirmities of age

How long sick

infam for yrs

Death

Immediate

Partial Paralysis, Urine etc

Accident, Suicide, Homicide

Reported by

Robt. A. Dodson

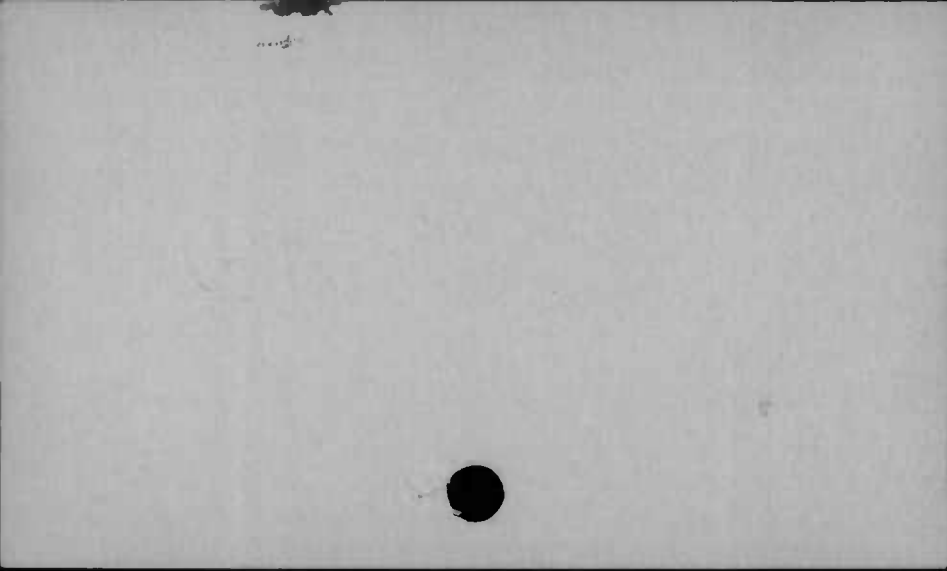
Address

St Michaels

Talbot Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Julia B. Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

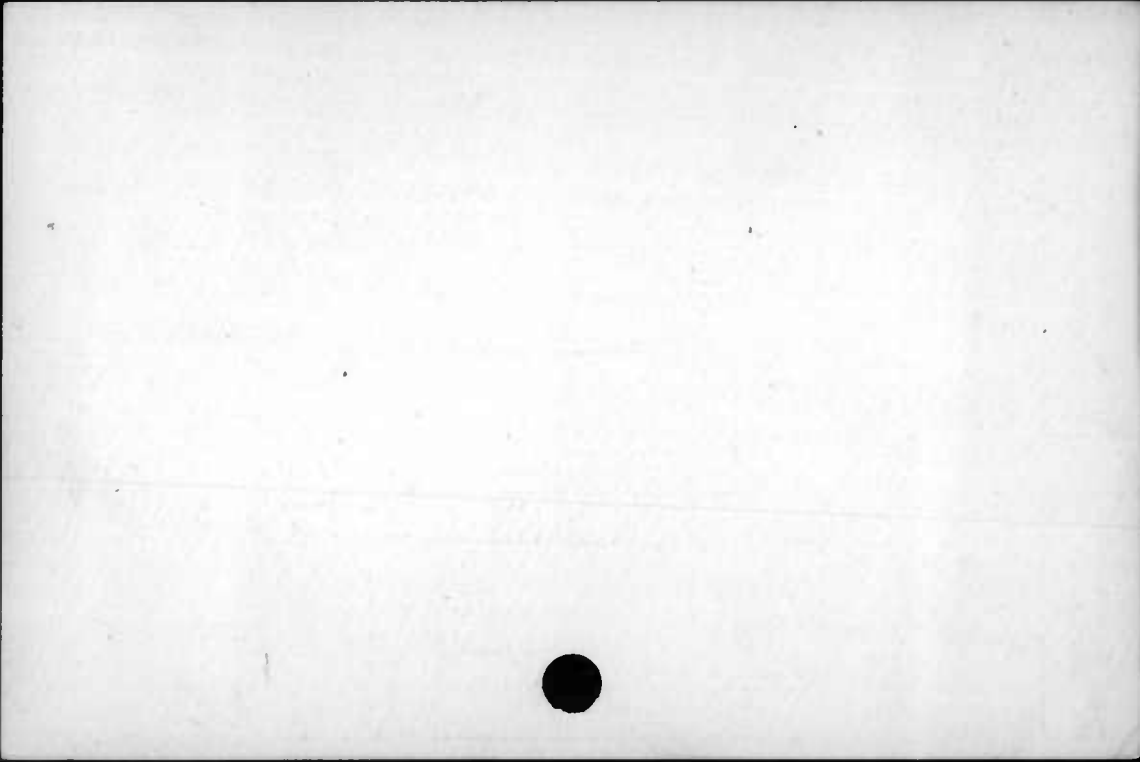
Died at		Town <i>Offora.</i>		County <i>Talbot.</i>		MARYLAND	
Date of death	1908	Month <i>May</i>	Day <i>4.</i>	Age <i>43.</i>	Years	Months <i>0</i>	Days <i>1</i>
Sex	<i>Female.</i>		Color or Race	<i>Colored.</i>		Birth-place	<i>Trappe, Md.</i>
Occupation	<i>House work.</i>			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			<i>Lambert. J. Waters</i>			
Father's Name	<i>Frederick. Blay.</i>			Father's Birthplace	<i>Unknown</i>		
Mother's Maiden Name	<i>Mary Skinner</i>			Mother's Birthplace	<i>Trappe Md</i>		
Name of person giving information	<i>Lambert J. Waters</i>			How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis -</i>	How long	<i>3 days.</i>
Immediate	<i>Phy & mental exhaustion.</i>	How long	<i>48 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Yes. <i>Yes.</i>	
Signature of Physician		<i>F. M. Eccles M.D.</i>	
Address		<i>Offora Talbot Co Md.</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Hester A. F. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} McDaniel^{County} Talbot

Date of death 1908 May

Day 9

Age 55

Months —

Days —

Sex Female

Color or Race

Black

Birth-place Talbot County

Occupation

House work

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife or Husband

Arthur Wilson

Father's Name

Owen Roberts

Father's Birthplace

Talbot County

Mother's Maiden Name

Dollie Himmerson

Mother's Birthplace

Talbot County

Name of person giving information

Jno. Arthur Wilson

How related to deceased

Husband

CAUSES OF DEATH

79

Primary

Organic Heart Disease

How long

2 years.

Immediate

Heart Asthenia

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

Yes

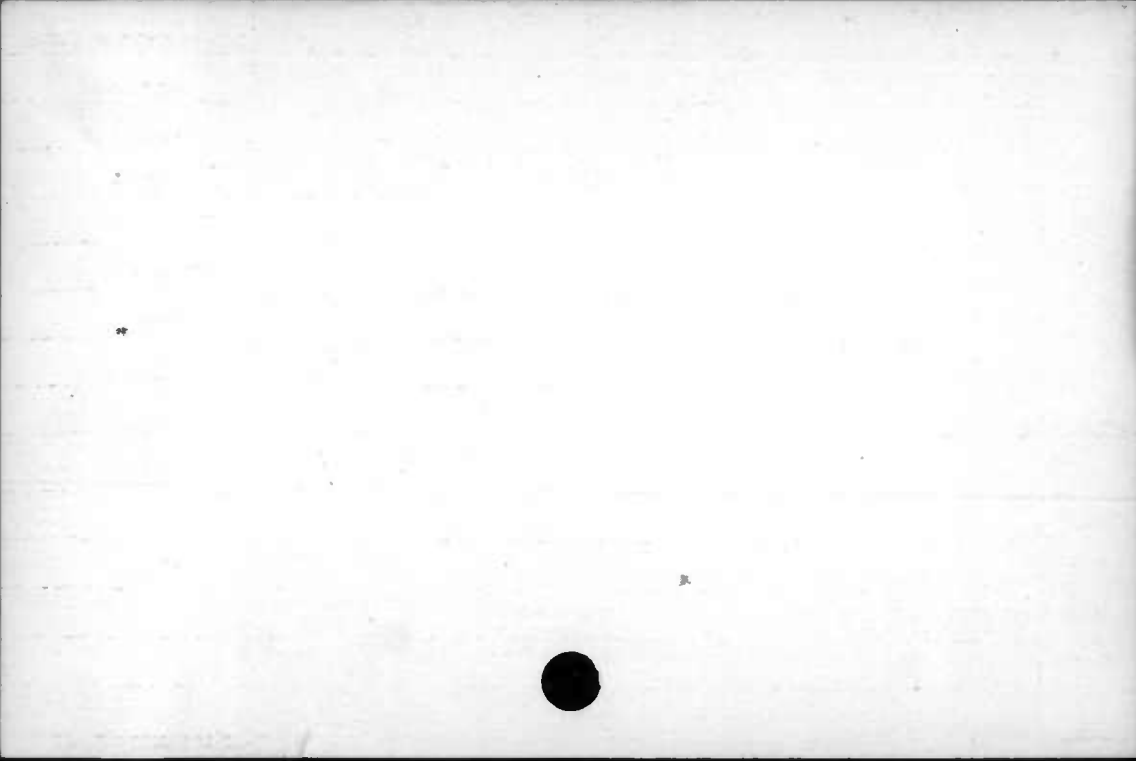
Signature of Physician

Address

A. B. Blasecock

St. Michaels Md

Accident or Suicide?



Name
in
Full

Nina F. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i>		Town		<i>Talbot</i>		County		MARYLAND	
Date of death <i>1908 May 19</i>		Month		Day		Age <i>43</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Queen Anne's Co</i>		Months		Days	
Occupation <i>Housewife</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph Wright</i>							
Father's Name <i>W E B Trachful</i>		Father's Birthplace <i>Balto</i>							
Mother's Maiden Name <i>Sarah Truchard</i>		Mother's Birthplace <i>Kent Co</i>							
Name of person giving information <i>Joseph Wright</i>		How related to deceased <i>Husband</i>							

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary <i>Mammary carcinoma</i>		How long <i>8 yrs.</i>	
Immediate <i>Malignant adenitis</i>		How long <i>7 mos.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas H Davidson</i>	
		Address <i>Easton Md.</i>	
Accident or Suicide?			

Σ 17
57
80



Name
In.
Full

Cornelia Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Exylton* Town *(Easton)*County *Talbot*Date of death *1908*Month *5*Day *23*

Age

Years *75*Months *6*Days *—*

Sex

*Female*Color or
Race*Negro.*Birth-
place*Talbot Co. Md*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed.*Name of Wife or
Husband*Jacob Young -*Father's
Name*Henry F Newman*Father's
Birthplace*Don't know*Mother's
Maiden Name*Susan Howard*Mother's
Birthplace*" "*Name of person giving
information*Modcai E Young*How related
to deceased*son*

CAUSES OF DEATH

79

Primary

Mitral Regurgitation

How long

Several years

Immediate

Progressive Heart Failure

How long

*8 days -*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Joseph A Ross M.D.
Trappe Talbot Co. Md*

Accident or Suicide?

(11)

